

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3/17/03.

## I. DISPUTE

Whether there should be additional reimbursement for 99213, 97530, 95851, 97113, 97116, 97520, 97124 and 97110 from 4/5/02 through 5/31/02, reduced per "C" - PPO contract.

## II. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4/5/02 thru 5/31/02	99213 x 1 unit at \$48.00 per unit.	71.00	40.80	C	48.00	Rule 133.1 (a)(8)(c)(C)	The carrier took a PPO contract reduction when per the requestor no such contract was in place. The carrier did not refute this information, therefore, additional reimbursement of \$7.20 is recommended.
	97530 x 8 units at \$35.00 per unit	488.00	280.00	C	35.00	See above.	Paid in full per EOB. Additional reimbursement is not recommended.
	95851 x 2 units at \$36.00 per unit.	72.00	61.00	C	36.00	See above.	See above. Additional reimbursement of \$11.00 is recommended.
	97113 x 24 units at \$52.00 per unit.	1,488.00	1,060.80	C	52.00	See above.	See above. Additional reimbursement of \$187.20 is recommended.
	97116 x 11 units at \$38.00 per unit.	473.00	355.30	C	38.00	See above.	See above. Additional reimbursement of \$268.10 is recommended.
	97250 6 units at \$43.00 per unit.	258.00	219.30	C	43.00	See above.	See above. Additional reimbursement of \$38.70 is recommended.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
	97124 1 unit at \$28.00 per unit.	28.00	23.80	C	28.00	See above.	See above. Additional reimbursement of \$4.20 is recommended.
	97110 x 27 units at \$35.00 per unit.	3,486.00	803.25	C	35.00	Section 413.016 of the Labor Code	Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The SOAP notes did not support the use of individual therapy vs. group therapy. The requestor offered no explanation of why individual instruction was necessary. On this basis, additional reimbursement is not recommended for CPT code 97110.
TOTAL		\$6,364.00	\$2,844.25				The requestor is entitled to reimbursement of \$516.40.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 99213, 95851, 97113, 97116, 97250 and 97124 in the amount of **\$516.40**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$516.40** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 30<sup>th</sup> day of September, 2004.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

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